



PATIENT

Samuel L Catson Metz

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

18 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Erica Harmon

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Erica Harmon

INVOICE

14870

DATE

4/25/22

PRESENTING CLINICAL SIGNS

History: P has DX of chronic intermittent diarrhea, treated periodically with Tylan powder and OTC probiotic from pet store. P indoor/outdoor, eating OTC diet. Presented this am for diarrhea, lethargy, abdominal pain and poor appetite, no vomiting. P sedated for u/s, FNA from thickened intestinal lesions taken for cytology. Rads: Chest: Normal cardiac silhouette. Clear lungs (can only see caudal lung fields on v/d). Abdomen: Empty stomach. Some bunching or thickening of intestine in ventral abdomen. Small kidneys - left smaller than right.

Abnormal PE/Chem/CBC/UA Results: CBC: Hct 51.5%, leukocytosis (18.55), eosinophilia (2.13) Chem17: Mild elevation BG (189), low BUN (14) EPOC: elevated creatinine 2.1, normal BUN 16, elevated lactate 4.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and contour with mild increased cortical echogenicity. Corticomedullary definition and ratio appeared normal. The left kidney measured 4.0 cm. The right kidney measured 4.0 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

The **spleen** revealed multifocal hyperechoic nodular changes consistent with lipogranulomas. If any weight loss is present, FNA warranted to ensure a more significant disease is not present.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** itself was unremarkable. A jejunal lesion, measuring approximately 2.0 cm was present. Just cranial to the urinary bladder, at the ileum/ileocecal junction, a stricturing intestinal mass was noted, measuring approximately 2.5 cm. Minor intestinal thickening was noted elsewhere. Regional inflammation was noted and slight regional lymphadenopathy.

Pancreas



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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal, and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Two separate stricturing small intestinal and ileocecal masses, possible non-neoplastic granulomatous lesions, however, carcinoma is a strong potential. Minor intestinal thickening noted elsewhere.
- Hyperechoic nodular changes noted in the spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention with resection and anastomosis of both lesions, including the ileocecal junction, could be considered in this patient. FNA may prove fruitful, however, it may not exfoliate adequately in these types of lesions. Prognosis is guarded. Surgical approach is likely the most direct and effective in this case with two separate enterectomies/resections necessary.





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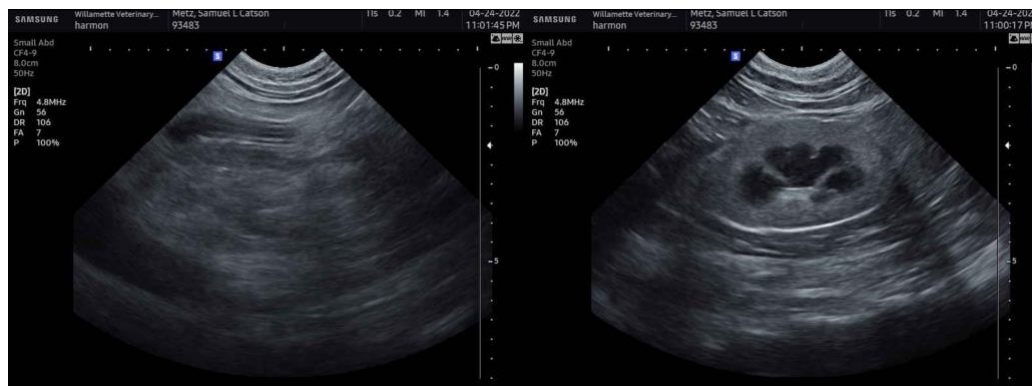
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com